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APPLICANTS

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**** CONTINUING DATA *******

This appn claims benefit of 60/426,543 11/15/2002

**** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

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Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		ISRAEL	2	16	4
Verified and JENNIFER MYONG M KIM Acknowledged _____ Examiner's Signature _____		Initials				

ADDRESS

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TITLE

Use of rasagiline with or without riluzole to treat amyotrophic lateral sclerosis

FILING FEE RECEIVED 986	FEES: Authority has been given in Paper No._____ to charge/credit DEPOSIT ACCOUNT No._____ for following:	<input type="checkbox"/> All Fees
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